



**GEORGIA MEDICAID FEE-FOR-SERVICE  
ANDROGENIC AGENTS, TOPICAL PA SUMMARY**

Preferred	Non-Preferred
Androderm (testosterone transdermal patch) Testosterone transdermal gel packet (generic Androgel) Testosterone transdermal gel pump (generic Vogelxo)	Striant (testosterone buccal system) Testosterone transdermal gel generic unless otherwise noted Testosterone transdermal solution generic

**LENGTH OF AUTHORIZATION:** 6 months

**NOTE:** Preferred and non-preferred products require prior authorization.

**PA CRITERIA:**

*Androderm, Testosterone Transdermal Gel Packet (Generic Androgel) and Testosterone Transdermal Gel Pump (Generic Vogelxo)*

- ❖ Approvable for male members 18 years of age or older with a diagnosis of primary or secondary hypogonadism (congenital or acquired) when the member's serum testosterone is lower than 300 ng/dL confirmed by 2 laboratory blood levels.

*Striant, Testosterone Transdermal Gel Generic (Except Generic Androgel Packet and Generic Vogelxo Pump) and Testosterone Transdermal Solution Generic*

- ❖ Considered for male members aged 18 years of age or older with a diagnosis of primary or secondary hypogonadism (congenital or acquired) when the member's serum testosterone is lower than 300 ng/dL confirmed by 2 laboratory blood levels

AND

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Androderm, generic testosterone transdermal gel packet (generic Androgel) and generic testosterone transdermal gel pump (generic Vogelxo), are not appropriate for the member.

**EXCEPTIONS:**

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.



### **PA and APPEAL PROCESS:**

- For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

### **QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.